

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7238
State File No.

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4347 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth 113</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City</u>	c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Mrs. Lillie Anderson</u>		d. STREET ADDRESS (If rural, give location) <u>3 blocks West Grant City Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>Oliver</u>	a. (First)	b. (Middle)	c. (Last) <u>Stabe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 28 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 5-1877</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 1 YEAR Days <u>23</u>	IF UNDER 1 HRS. Hours <u>1</u>	IF UNDER 1 HRS. Min. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTH PLACE (State or foreign country) <u>Grant City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Phillip Stabe</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Staves</u>	14. NAME OF HUSBAND OR WIFE <u>Daisy Willits (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Stabe</u>	ADDRESS <u>Grant City</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Coronary Sclerosis</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/8</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Jan 27, 1949, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank B. Matterson MD</u>	23b. ADDRESS <u>Grant City, Mo</u>	23c. DATE SIGNED <u>1/29/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 14-1949</u>	REGISTRAR'S SIGNATURE <u>Ketur E. Dawson</u>	347	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>	ADDRESS <u>Grant City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

113
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

John Andrews
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *John Andrews*
Licensed Embalmer No. *4211*

P. O. Address *Grant City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.